



Change of Sex Designation

Name	DL/ID Number (if applicable)	Date
Address	City	ZIP
Previous Name (if name change is concurrent)		
To Be Completed By Licensed Medical or Behavioral Healthcare Provider		
Medical/Behavioral Healthcare Provider (Please print)	License or Certificate Number and Issuing U.S. State/Foreign Country	
<p>I am a licensed medical/behavioral healthcare provider for the above named individual. Consistent with the requirements in Division of Motor Vehicles - Driver License Section 1 CCR 204-32 Rules 1 and 2, and after reviewing the requirements of the rule, the sex designation on the Colorado Driver License or Identification document that is most consistent with the individual identified above is:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X</p>		
Address	City	ZIP
Signature of Provider	Date	
Attention Provider: Please return this form to the applicant for inclusion with the driver license, identification card, or identification document application.		
To Be Completed by Applicant		
<p>I hereby authorize my provider to answer the above questions and submit information to the Colorado Department of Revenue's Division of Motor Vehicles (DMV), relating to my sex designation, for the purpose of obtaining a driver licence, identification card, or identification document that accurately states my sex.</p> <p>I understand that information received by the DMV will be held in strict confidence per section 42-2-121, C.R.S., and the federal Driver's Privacy Protection Act, 18 USC 2721-25.</p> <p>By signing below, I hereby affirm under the penalty of second-degree perjury in section 18-8-503(1), C.R.S., that the information provided above is my own and the above statements are true. I understand that it is a criminal offense to knowingly submit false information to the Colorado Department of Revenue, punishable by fines, incarceration, and/or loss of driving privileges or identification card.</p>		
Signed	Date	



Change of Sex Designation Instructions

Instructions for Applicants

1. If you previously had your sex designation changed on your Colorado driver's driver license, identification card, or identification document, using a letter from your medical or behavioral healthcare provider, you are grandfathered in and no further action is necessary to maintain your current sex identification.
2. Legibly print your name, the number from your current driver license or identification card if applicable, the date, your address and your previous name, if changing your name concurrently. If also changing your name, please also provide a legal name change document. Please sign and date the form, authorizing your provider to provide information in support of your sex designation.
3. Form DR 2083 must be completed and signed by a licensed treating medical or behavioral healthcare provider. The licensed treating medical or behavioral healthcare provider should indicate your correct sex on the DR 2083 as it should be reflected on your Colorado driver license, identification card, or identification document. Information provided to the DMV will be held in the strictest confidence per section 42-2-121, C.R.S., and the federal Driver's Privacy Protection Act, 18 USC 2721-25.
4. Bring the completed form DR 2083 to a DMV office with your application document, or your current driver license, identification card, or identification document and fee. In the case of renewal, a new photo will be taken, and you will be issued a temporary driver license, identification card, or identification document. Your new driver license or identification card, or identification document will be mailed to you.

Instructions for Providers

1. Form DR 2083 authorizes you to provide information in support of the applicant's change of sex designation on their Colorado driver license, identification card, or identification document.
2. You must be a licensed or certified medical or behavioral healthcare provider. Please complete and sign the form, and include your license or certificate number and the issuing U.S. State/Foreign Country.
3. Return the completed form to the applicant.